

OSP-11117  
米田 隆三  
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# Declaration, Power Of Attorney and Petition

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WE (I) the undersigned inventor(s), hereby declare(s) that:

My residence, post office address and citizenship are as stated below next to my name,

We (I) believe that we are (I am) the original, first, and joint (sole) inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled

NUMERICAL-SIMULATION METHOD FOR ROTARY METAL FORMING, RECORDING MEDIUM AND PROGRAM

the specification of which

☒ is attached hereto.

☐ was filed on \_\_\_\_\_ as

Application Serial No. \_\_\_\_\_

and amended on \_\_\_\_\_.

☐ was filed as PCT international application

Number \_\_\_\_\_

on \_\_\_\_\_,

and was amended under PCT Article 19

on \_\_\_\_\_ (if applicable).

We (I) hereby state that we (I) have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

We (I) acknowledge the duty to disclose information known to be material to the patentability of this application as defined in Section 1.56 of Title 37 Code of Federal Regulations.

We (I) hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed. Prior Foreign Application(s)

Application No.	Country	Day/Month/Year	Priority Claimed
P2000-245983	Japan	14/08/2000	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
P2001-117156	Japan	16/04/2001	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Filing Date)

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